



DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
- ☐ Application No., filed on
- ☐ as amended on if applicable);

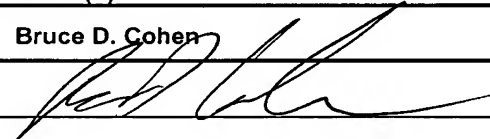
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;


I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

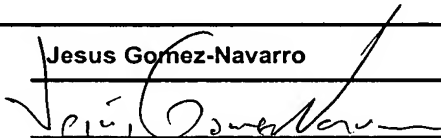
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Inventor(s)

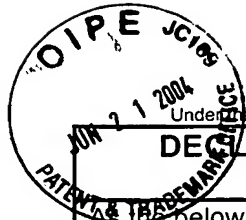
Inventor 1 Bruce D. Cohen
Signature  Citizen of US

Inventor 2 Vahe Bedian
Signature  Citizen of US

Inventor 3 Mihail Obrocea
Signature _____ Citizen of Canadian

Inventor 4 Jesus Gomez-Navarro
Signature  Citizen of US

☒ Additional inventors are being named on 1 additional page

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

I/we, the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
- ☐ Application No., filed on
- ☐ as amended on _____ if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Inventor(s)Inventor 1 **Bruce D. Cohen**

Signature _____

Citizen of **US**Inventor 2 **Vahe Bedian**

Signature _____

Citizen of **US**Inventor 3 **Mihail Obrocea**

Signature _____

Citizen of **Canadian**Inventor 4 **Jesus Gomez-Navarro**

Signature _____

Citizen of **US**☒ Additional inventors are being named on 1 additional page

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or
☐ Application No., filed on
☐ as amended on if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Inventor(s)

Inventor 5 John D. Cusmano

Signature

Citizen of US

Inventor 6 Huifen F. Wang

Signature

Citizen of US

Inventor 7 Deborah J. Guyot

Signature

Citizen of US

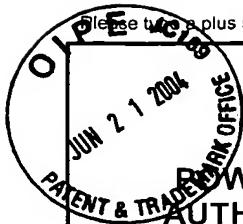
Inventor 8 Kelly L. Page

Signature

Citizen of US

☒ Additional inventors are being named on 1 additional page

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Mihail Obrocea

Signature

Date

March 8, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

+

Please type a plus sign (+) inside this box →



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Jesus Gomez-Navarro

Signature

Date

6 FEB 04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC



Please use a plus sign (+) inside this box →



**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Deborah J. Guyot

Signature

Date

5 Feb 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC



Please type a plus sign (+) inside this box →



**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Vahe Bedian

Signature

Date

Feb 5, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC



Please type a plus sign (+) inside this box →



PTO/SB/81(02-01)
Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Huifen F. Wang

Signature

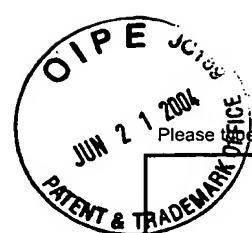
Date

2/5/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC



Please place a plus sign (+) inside this box →



PTO/SB/81(02-01)
Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

John D. Cusmano

Signature

John D. Cusmano

Date

2/4/04

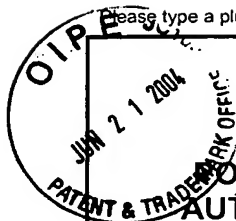
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

+

Please type a plus sign (+) inside this box →



POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:

☒ Practitioners at Customer Number

23913



OR

☐ Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all
business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Bruce D. Cohen

Signature

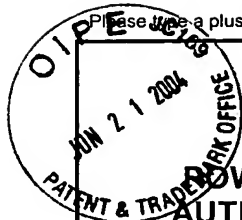
Date

1/4/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC



Please use a plus sign (+) inside this box →

+

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Bruce D. Cohen
Title	USES OF ANTI-INSULIN-LIKE GROWTH FACTOR 1 RECEPTOR ANTIBODIES
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	PC25232A

I hereby appoint:



Practitioners at Customer Number

23913



OR



Practitioners named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

OR



Practitioners at Customer Number

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Kelly L. Page

Signature

Date

2/4/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 8 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC